DEPARTMENT: INSTRUCTIONS: Fill out this form Steps 1 through 6. Retain the bottom portion for your records. DO NOT detach Part A from Part B. 1. Please select how you would like to give (check one of the below choices): PAYROLL DEDUCTION OR ONE TIME GIFT OF CASH OR CHECK OF \$	
NAME: NAME RELEASE AUTHORIZATI	ON
MAME: NAME RELEASE AUTHORIZATI DEPARTMENT: NAME RELEASE AUTHORIZATI I DO NOT want my name and address to the non-profit organization(s) I have designated.	eleased
DEPT. ID #: I DO want my name and address release the non-profit organization(s) I have	ed to
4. My total annual gift is \$	
5. I am paying through (check one): CityStateZip	
Payroll deduction	
6. Please designate the organization(s) you wish to receive your contributions by filling in their code numbers provided in t	10
COLEC brochure, along with TOTAL DOLLAR amount per choice. Charity code # Amount Charit	ıt
4. My total annual gift is \$	
RETAIN THIS PORTION FOR YOUR RECORDS THANK YOU FOR YOUR CONTRIBUTION! My total annual gift: \$ Amount per pay period: \$ Charity code # Amount \$ \$ \$ \$ \$	
\$ \$ \$ \$	